



TRANSPORTATION DISADVANTAGED SCREENING QUESTIONNAIRE

The original completed form must be forwarded to NTP prior to the first trip.

Name: _____ Date: _____

Address: _____

City, State, ZIP: _____ Phone: _____

1. Do you own or have use of an automobile? Yes _____ No _____
If yes, explain use: _____

2. Can family and/or friends take you to obtain goods and services?
Yes _____ No _____ If yes, explain: _____

3. Can a public bus take you where you need to go? Yes _____ No _____
If not, why not? _____

4. Are you presently enrolled in any government assistance programs, such as Food Stamps, SSI, Medicaid, subsidized housing, or any county social services? Yes _____ No _____

5. Do you have any physical or mental disabilities?
Yes _____ No _____ If yes, describe: _____

6. How many persons actually live in your household? _____

7. What is your current household monthly income? (Include all sources for all residents.) _____

8. Do you have continuous out-of-pocket medical expenses that can be documented?
Yes _____ No _____

CLIENT MUST SIGN BELOW

By signing this form, I am stating that the information I have given is true and complete to the best of my knowledge:

Signature: _____ Date: _____

NTP USE ONLY:

COMMENTS:

Approved _____

Denied _____

Date _____

Initial _____